

Name
in
Full

John Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Deal's Island	County	MARYLAND		
Died at	Deal's Island	Somerset			
Date of death	1909 Oct	Month	Day	Years	Months
			15 th	"	3
Age	49.	Color or Race	White		Days
Sex	Male			Birthplace	Virginia
Occupation	Waterman	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Effie Jones		
Father's Name	Richard Burton		Father's Birthplace	Virginia	
Mother's Maiden Name	Eliza Dixon		Mother's Birthplace	Virginia	
Name of person giving information	Effie Burton		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Angina Pectoris

80

How long

Immediate

Over Exertion

How long

Are the name, age, sex, color, date and place correctly given above?

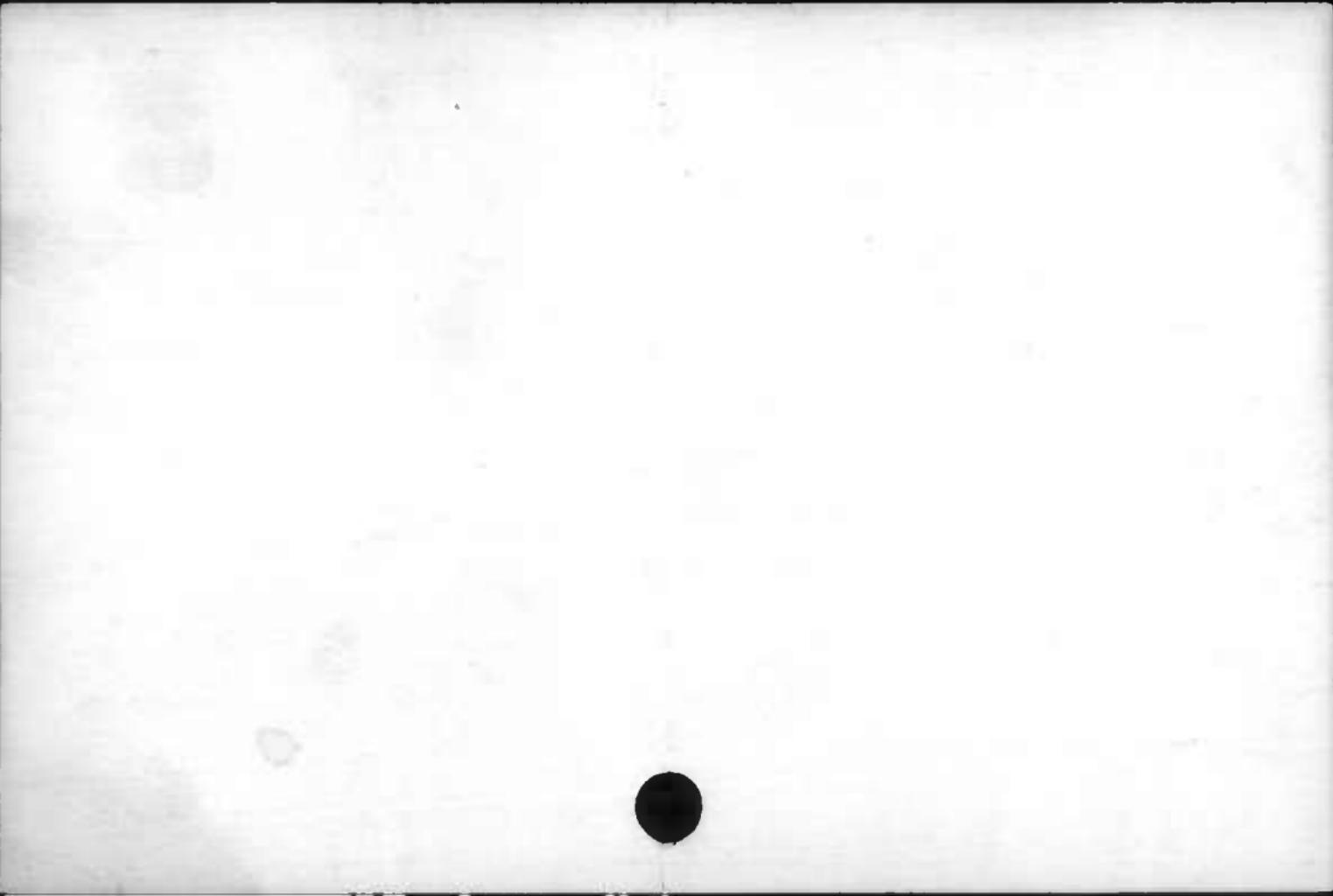
Yes

Signature of Physician

Address

Accident or Suicide

Indefinite
Chas. T. Sylvantha
Deal Island
Md.



Name
in
Full

George Lehannick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Burfield Town Somerset County
Date of death 1909 Month 10 Day 15 - Age 54 Years
Sex male Color or Race White Birth-place Somerset, Md
Occupation Oyster & Crab Catcher Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Sarah Print
Father's Name William Lehannick md.
Mother's Maiden Name Nancy Lehannick md.
Name of person giving Information S. J. Simonsen none

CAUSES OF DEATH

Primary Pneumonia

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. J. Simonsen
Burfield, Md.

Accident or Suicide

MARYLAND

Months

Days

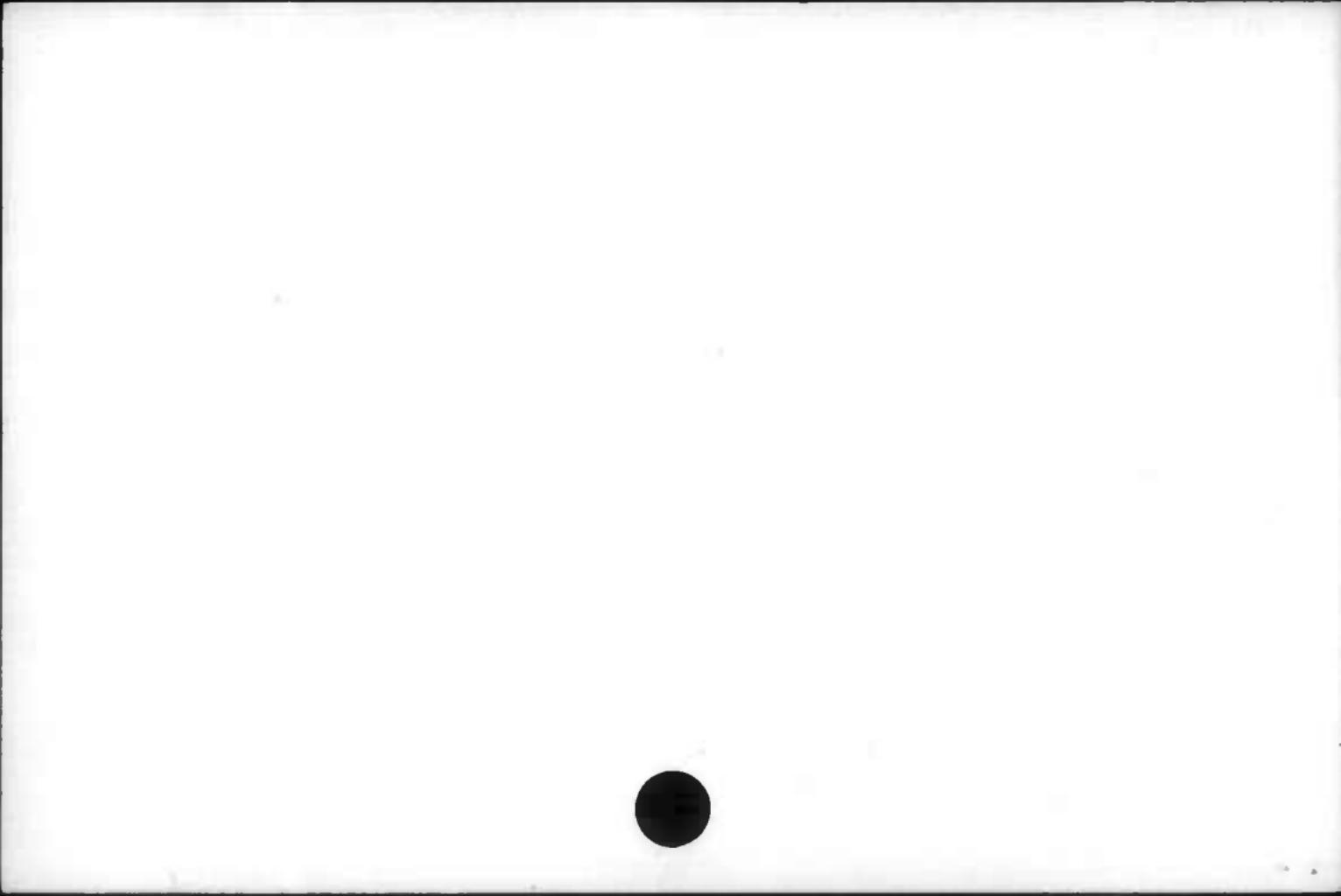
93

How long

2 Weeks

How long

—



Name
in
Full

Mary A Cochrane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Burifield	Month	Year	Months	Days
Date of death	1904 Oct	26	Age	85-	22
Sex	Female	Color or Race	white	Birth-place	Malta
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband	James L. Cochrane		
Father's Name	Wm A. Andrews	Father's Birthplace	London Eng		
Mother's Maiden Name	Elizabeth Fleet	Mother's Birthplace	London Eng		
Name of person giving information	Mrs Hawley	How related to deceased	daughter		

CAUSES OF DEATH

65

How long

5 year

PHYSICIAN
OR CORONER

Primary

softening of brain

Immediate

heart failure

Are the name, age, sex, color, date and place correctly given above?

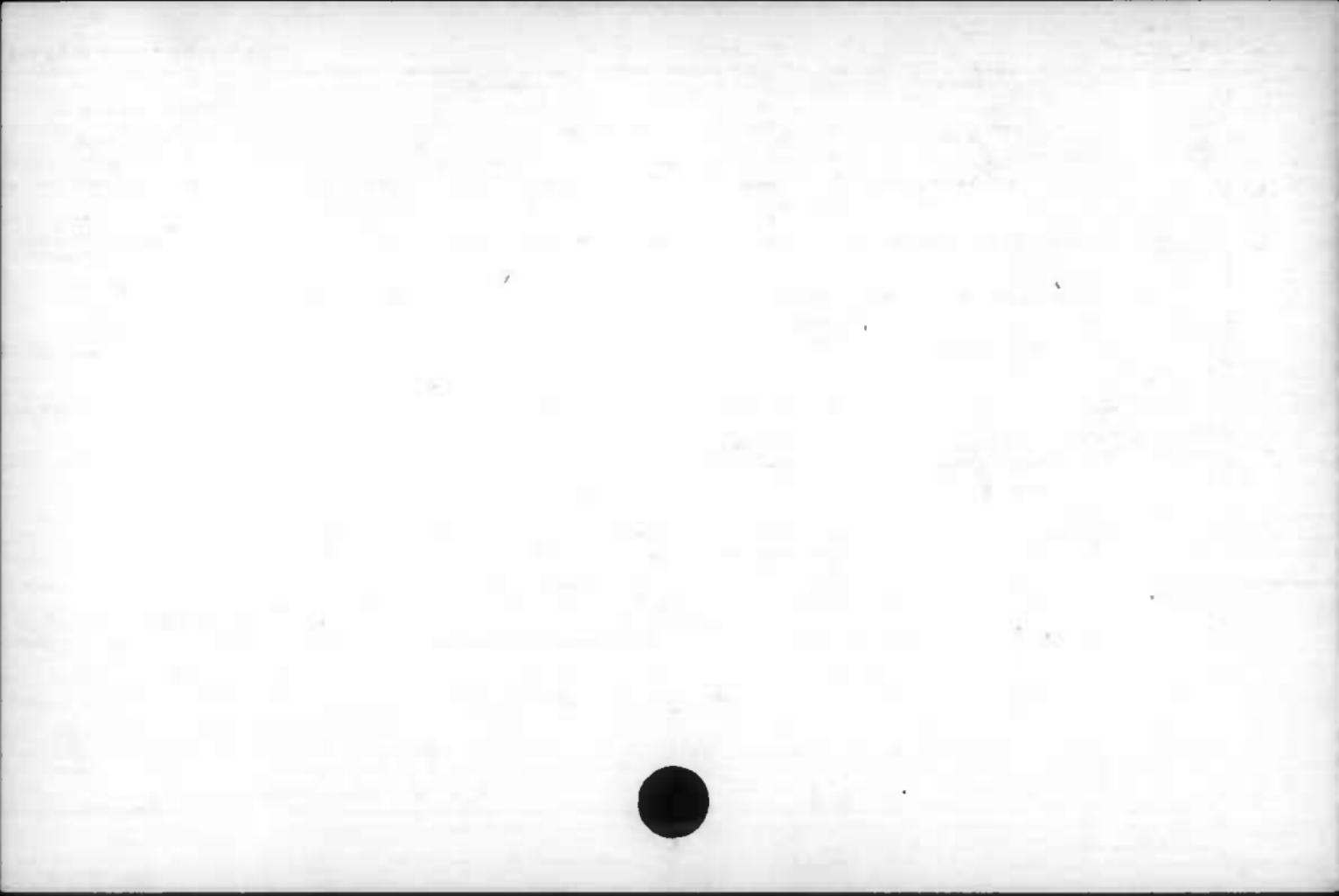
Signature of Physician

Address

W. F. Hall
Burifield

Accident or Suicide

720



Name
in
Full

Tolla Dashields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	
Date of death	1909	Month 10	Day 6	Years 19
Sex	Female	Color or Race	Age 19	
Occupation	Cook	Where Raising if not at place of death	At Place of death	
Married, Single or Widowed	years	Name of Wife or Husband	Unmarried	
Father's Name	Marcillious Dashields			
Mother's Maiden Name	Hattie Wallace			
Name of person giving information	Marcillious Dashields			

MARYLAND

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Typhoid fever
Intestinal haemorrhage

1

How long

Immediate

2 weeks
1 hour.

Are the name, age, sex, color, date and place correctly given above?

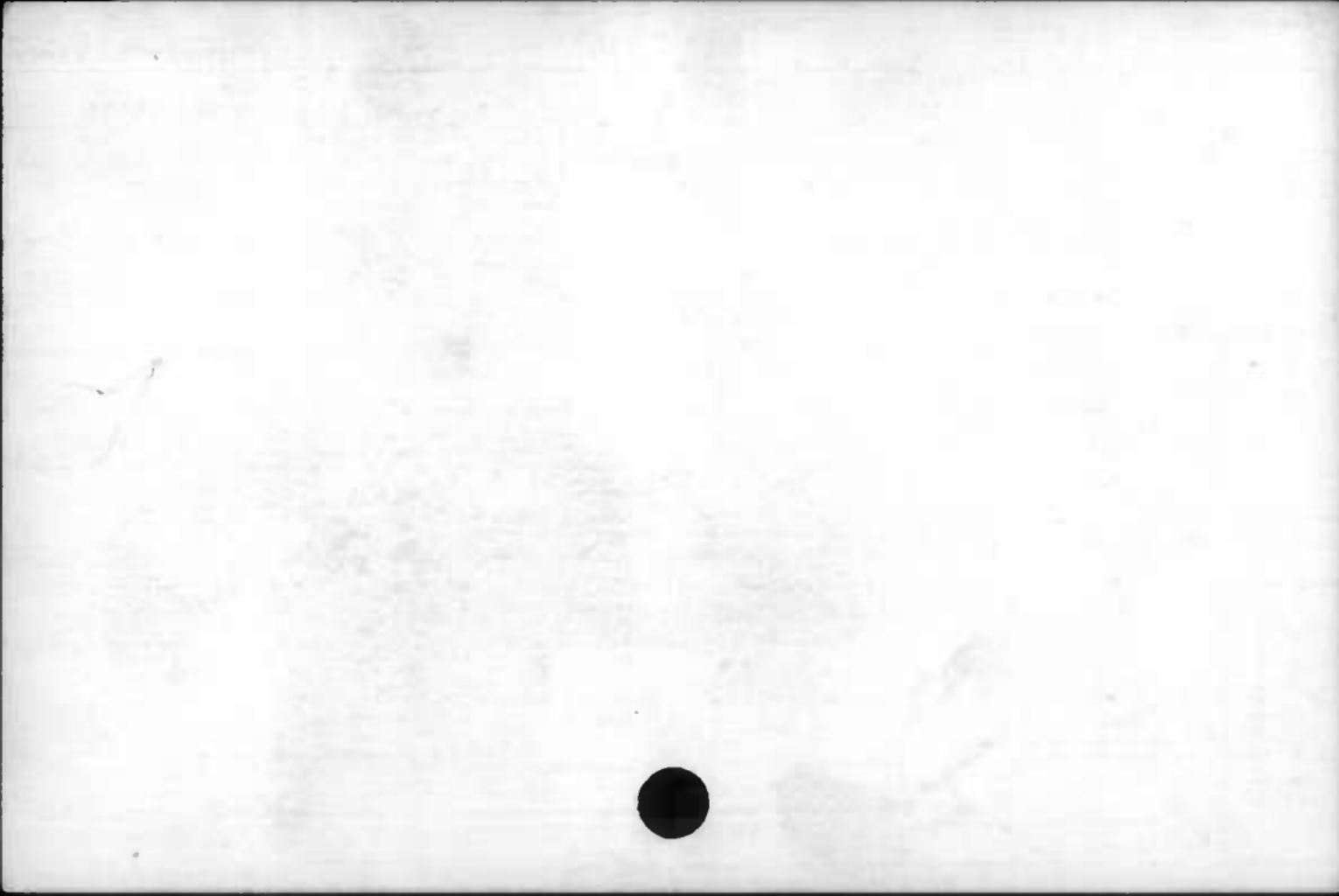
Signature of Physician

Address

H. C. Alexander
Somerset Co.

I think so
Hemorrhage

Accident or Suicide



Name
in
Full

No Name Infant Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Deal Island		County Somerset		MARYLAND	
Date of death 1909	Month Oct	Day 4	Years	Months	Days 11
Sex Male	Color or Race Colored	Age	Birth-place Somerset Co. Maryland		
Occupation - none	Where Residing if not at place of death Deal's Island Md.				
Married, Single or Widowed -	Name of Wife or Husband Peter Dennis				
Father's Name Peter Dennis	Father's Birthplace Worcester Co. Maryland				
Mother's Maiden Name Fanny Horsey	Mother's Birthplace Somers Co. Maryland				
Name of person giving information Peter Dennis	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Indigestion

104

How long

11 days

Immediate

Asthenia.

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Geo B. Farmer

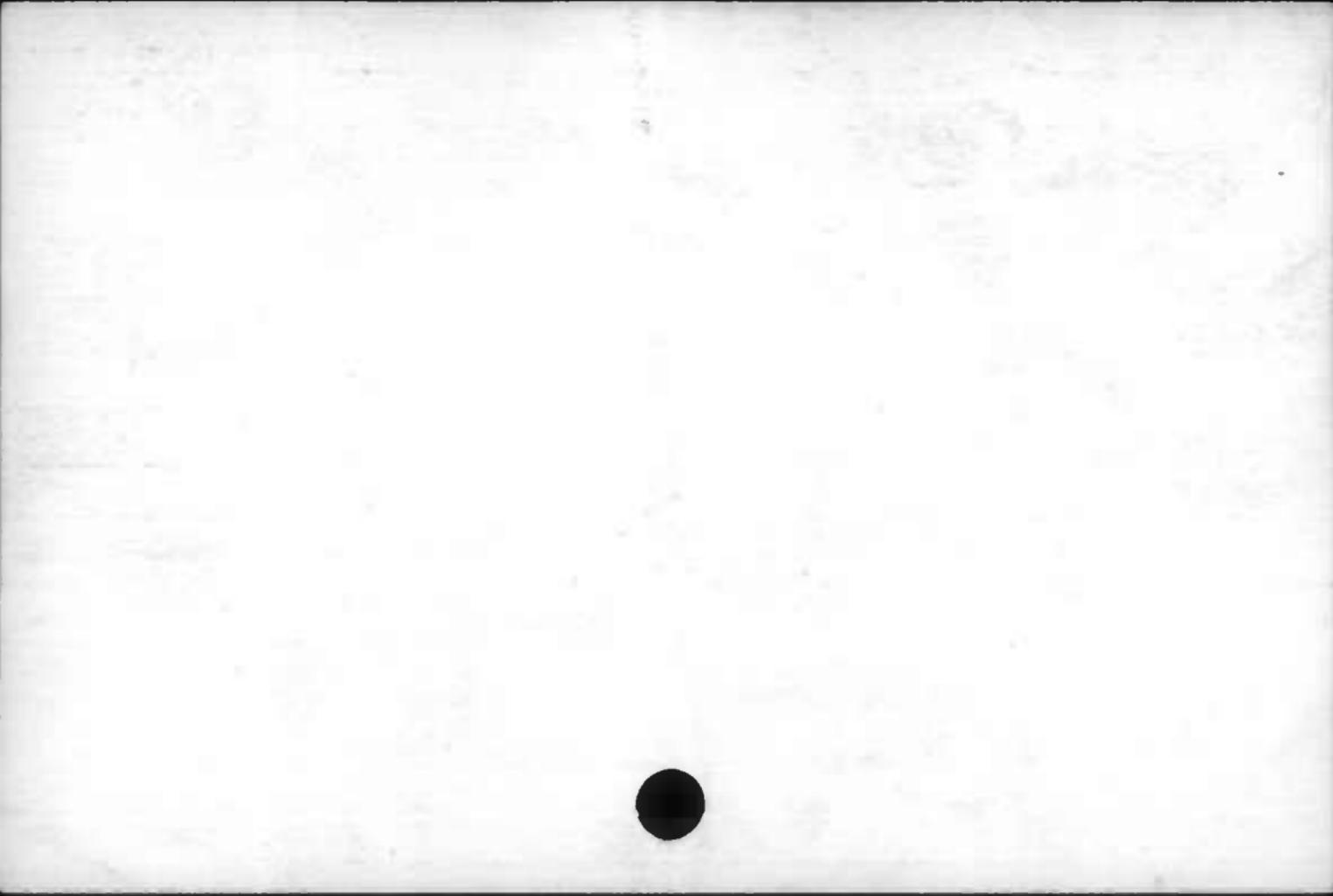
Address

Sub Registrar

Deal's Island

Md.

Accident or Suicide



Name
in
Full

Elsie Field

CERTIFICATE OF DEATH

TO BE ANSWERED BY,
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months	Days
4	Oct	22	Age	5-	18
Sex	female	Color or Race	Occupation	Birthplace	
Married Single or Widowed	Married	White	Housewife	Somerset	
Name of Wife or Husband					
Father's Name	William Field				
Mother's Maiden Name	Emily Jones				
Name of person giving Information	William Field				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

dropay

177

Immediate

Are the name, age, sex, color, date and place correctly given above?

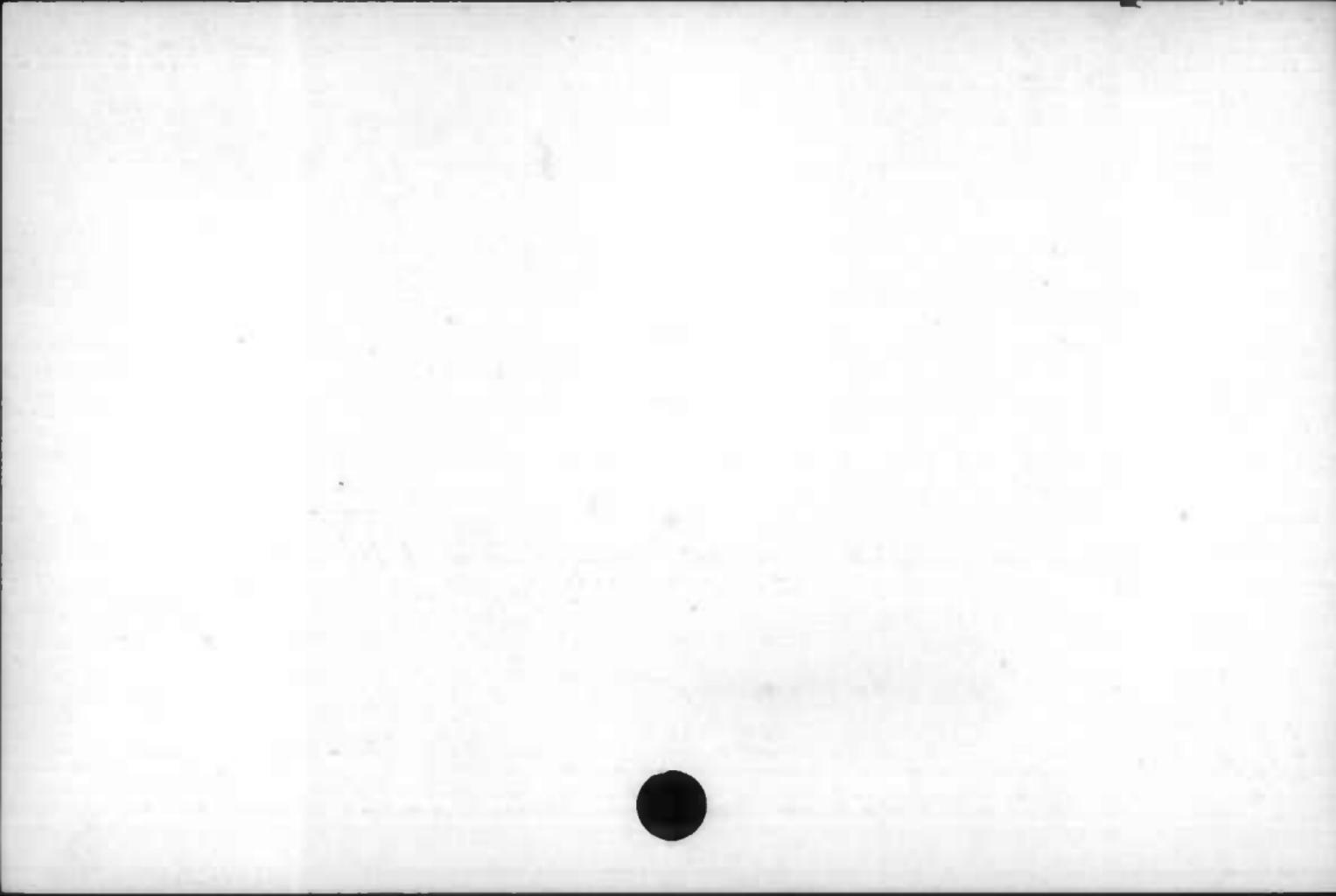
yes

Signature of Physician

Address

W S Kelly
Somerset
Md. Register

Accident or Suicide?



Name
in
Full

Eliza A. Ford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town	County			
Date of death	190	Month Oct	Day 20th	Age 64	Years	Months
Sex	Female	Color or Race	White	Birth- place	Baltimore Co.	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Widow		Name of Wife or Husband		
Father's Name		Lewis White		Edward Ford		
Mother's Maiden Name		Oliza White		Baltimore Co.		
Name of person giving Information		Bertha Ford		How related to deceased		

CAUSES OF DEATH *

66

Primary

Aneurysm of brain

How long

5 years

Immediate

Reflexes

How long

—

PHYSICIAN
OR CORONER

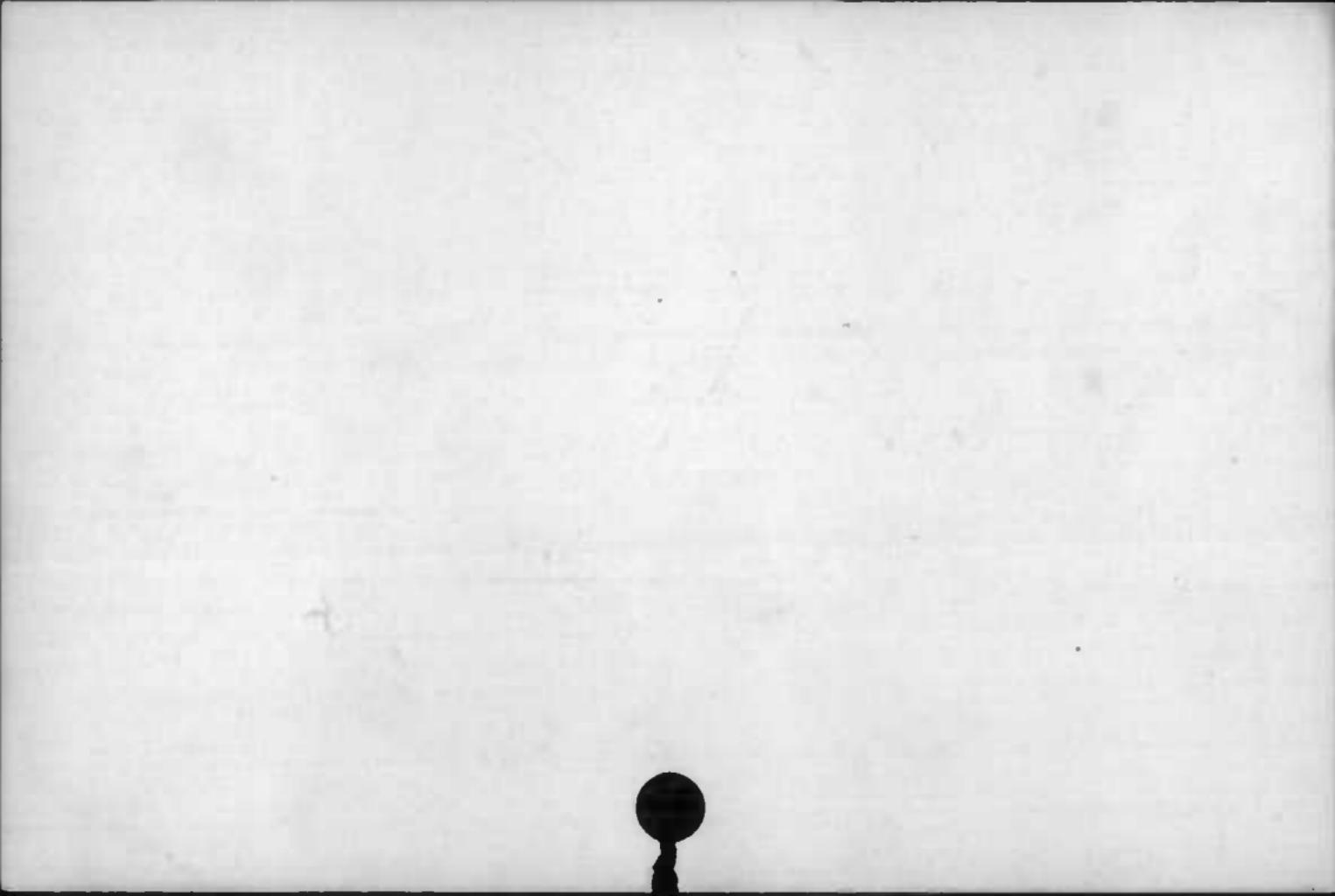
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

S. J. Wunder, M.D.
1125 Charles Street, Baltimore, Md.

Accident or Suicide?



Name
in
Full

Frank J. Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mt. Vernon own County
Somerset

MARYLAND

Date of death 1909 Month Oct Day 9 Years 66 Month - Days -

Sex Male

Color or Race White

Birth-place Somerset Co.

Occupation Nationalman

Where Residing if not
at place of death

Married, Single
or Widowed Married

Name of Wife or
Husband Emily Horner

Emily Horner

Father's Name Benjamin Horner

Father's Birthplace Somerset Co.

Mother's Maiden Name Margaret (Unknown)

Mother's Birthplace Somerset Co.

Name of person giving
Information F. N. Horner

How related
to deceased Nephew

CAUSES OF DEATH

Primary

Chronic tubercular pleuritis

120

How long

How long

Several years

Immediate

Tremia

48 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

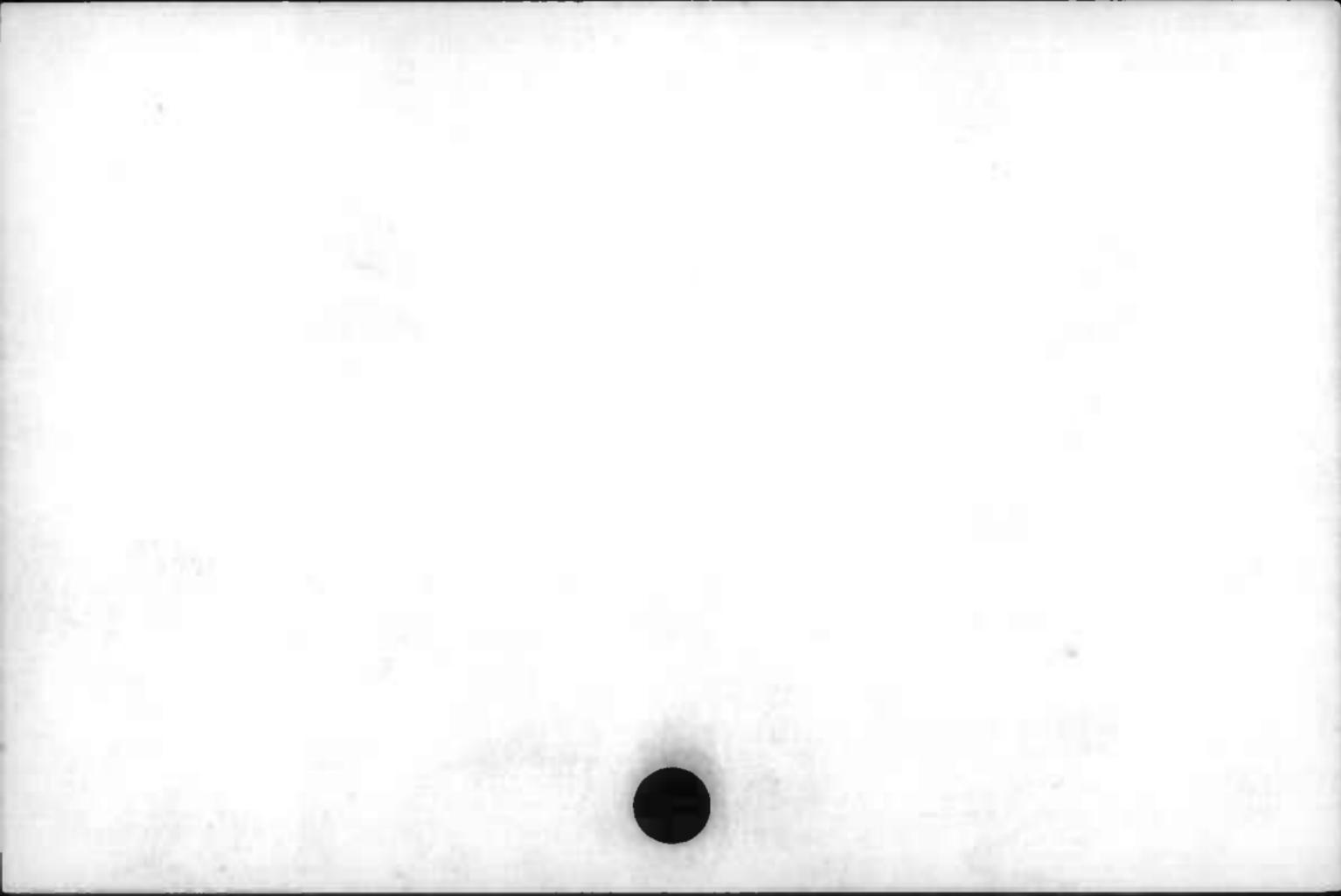
Yes

Signature of
Physician

Address

J.A. Barnes MD.
Princess Anne Md.
P.T.D. No. 2.

Accident or Suicide



Name
in
Full

Jenice W Horsemann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Wimona	County	Somerset	Month	Montha	Days
Date of death	1909	Month	18	Age	1	18
Sex	Female	Color or Race	White	Birth- place	Wimona	nd
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband			Father's Name	Father's Birthplace	
Father's Name	Samuel T Horsemann			Samuel	Wimona	
Mother's Maiden Name	Jenice W Thomas			Mother's Name	Deals Island	
Name of person giving Information	Samuel T Horsemann			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inhalition

151

V.

Since birth

Immediate

asphyxiation

How long

Since birth

Are the name, age, sex, color, date
and place correctly given above?

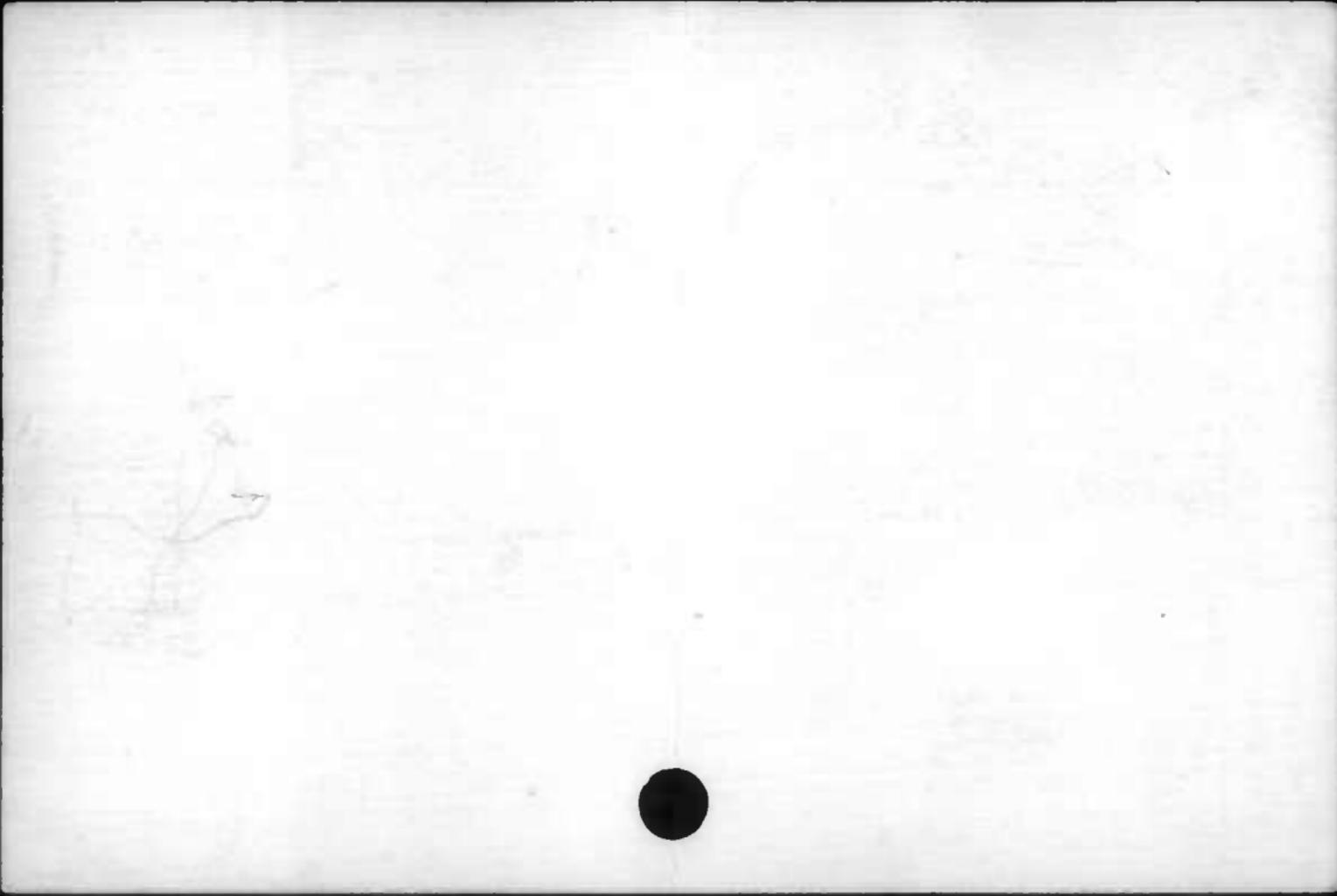
yes

Signature of
Physician

Address

H.G. Alexander
Somerset Co.

Accident or Suicide



Name
in
Full

Mary King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

W.F. Johnson

Town

County

Somerset

MARYLAND

Date

of death 190

Month

Oct

Day

27

Years

70

Months

Days

Age

Sex

Female

Color or
Race

Colored

Birth-
place

Princopolis Co

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

David King

Father's
Birthplace

Father's
Name

Jasper W. Robertson

Mother's
Birthplace

Mother's
Maiden Name

Charlotte Myers

How related
to deceased

Name of person giving
Information

George King

Son

CAUSES OF DEATH

Primary

Aphoplexy

64

How long

Immediate

Yes

How long

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

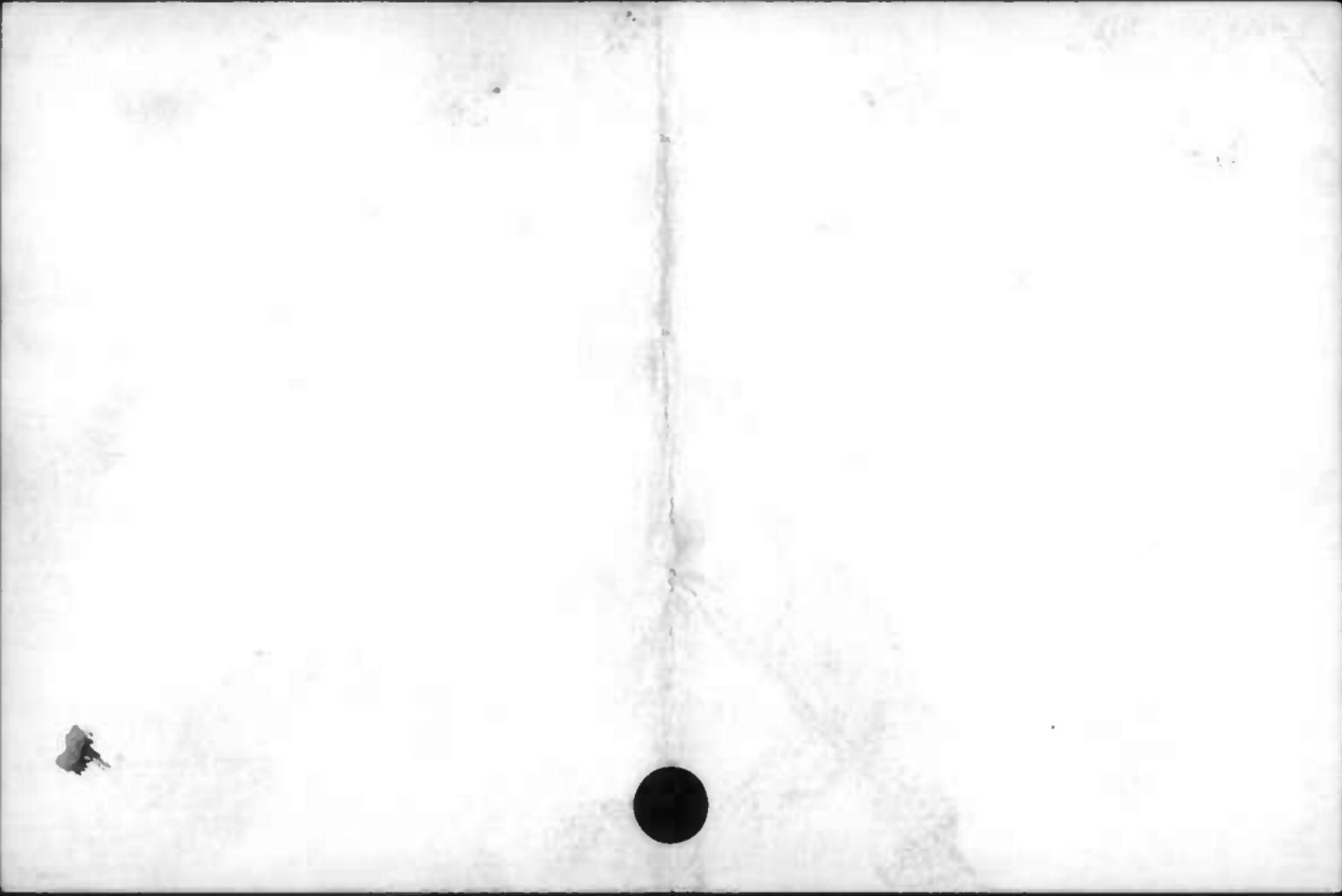
Signature of
Physician

Address

H.A. Baynes M.D.
Princopolis Co. Md.
P.T.O. No. 2.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Clarence C Lefavour

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Crisfield

County

Somerset

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1909

10

13

Age

17

Sex

Color or
Race

Male

white

Birth-
place

Crisfield Md

Occupation

Boat shucker

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Names of Wife or
Husband

none

Father's
Birthplace

France -

Father's
Name

Robt. Lefavour

Mother's
Birthplace

Crisfield Md

Mother's
Maiden Name

Linni Evans

How related
to deceased

Haller

Name of person giving
Information

Rob. Lefavour

CAUSES OF DEATH

Primary

Typhoid Fever

1

✓

14 days

Immediate

Toxæmia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W F Hall
Crisfield

PHYSICIAN
OR CORONER

Accident or Suicide

no



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John D. Maddox

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Month	Day
1909 Oct	8	Age	75	—	—
Sex	Male	Color or Race	Black	Birth-place	Somerset Co.
Occupation	Oysterman				
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Waters	Father's Birthplace	Somerset
Father's Name	David Maddox				
Mother's Maiden Name	Dalt knor				
Name of person giving Information	Ira Maddox				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Parenchymatous Nephritis

120

How long

9 months

Immediate

Parenchymatous Nephritis

How long

9 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. E. Dickinson
Upper Fairmount
Md.

Accident or Suicide



Name
in
Full

Hinretta Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County	
Diad at	Princess Anne	Somerset	MARYLAND
Date of death	Month 1909	Day 27	Years 82
Sex	Female	Color or Race	Colored
Occupation	Housewife		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Where Residing if not at place of death
Father's Name	Hiram Miles		
Mother's Maiden Name	Nancy Pollitt		
Name of person giving Information	Jack Miles		

CAUSES OF DEATH

Primary

Seizure,

Immediate

Asthma

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Yes

No

154

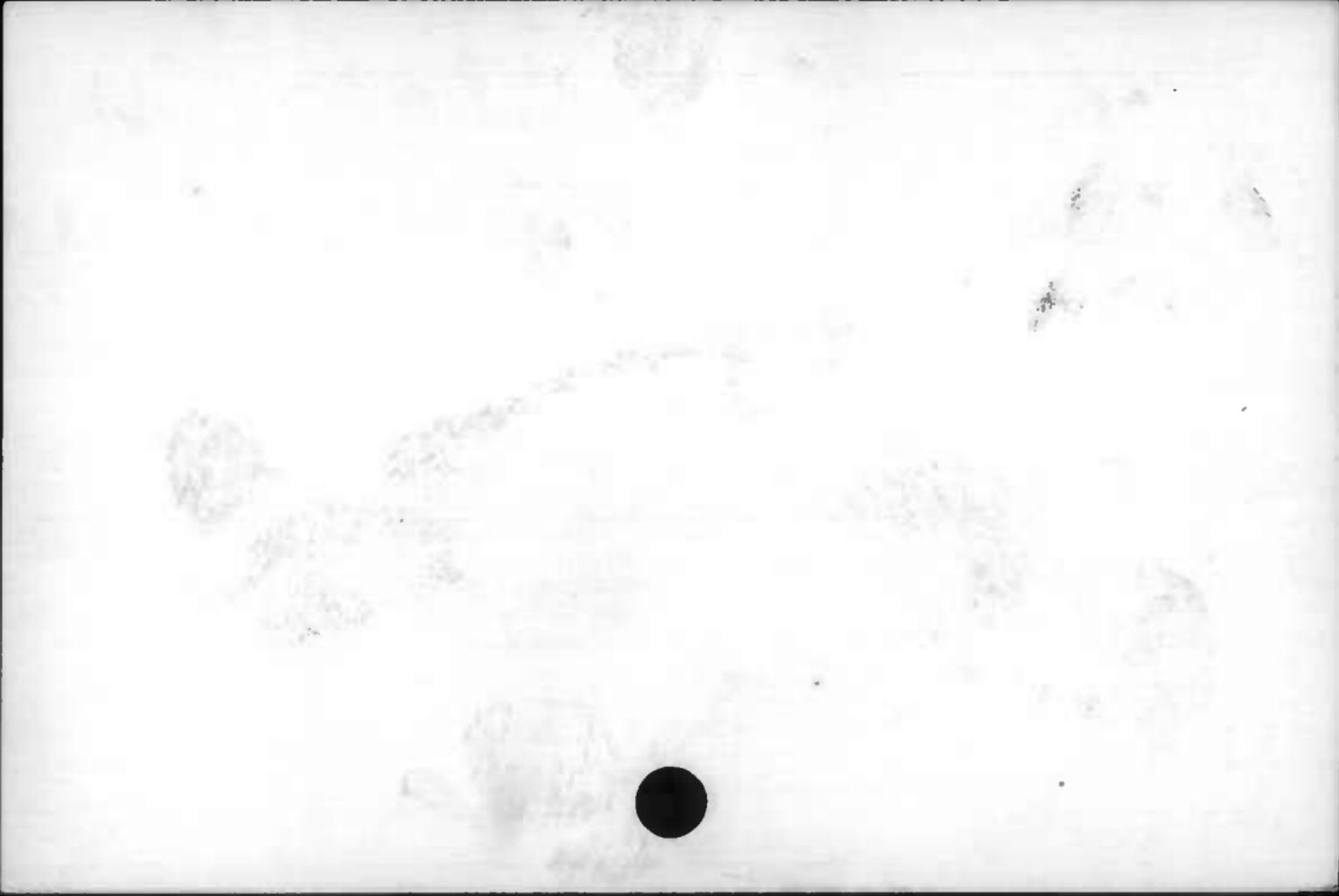
How long

1 year

How long

5 years

Henry M. Leiford
Princess Anne
Island



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Females	Color or Race	white	Birth-place	✓
Occupation	✓	Where Residing if not at place of death			
Married, Single or Widowed	✓	Name of Wife or Husband	✓		
Father's Name	Wistina J. Miller			Father's Birthplace	✓
Mother's Maiden Name	Mary A. Sprouse			Mother's Birthplace	✓
Name of person giving information	Wistina J. Miller			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

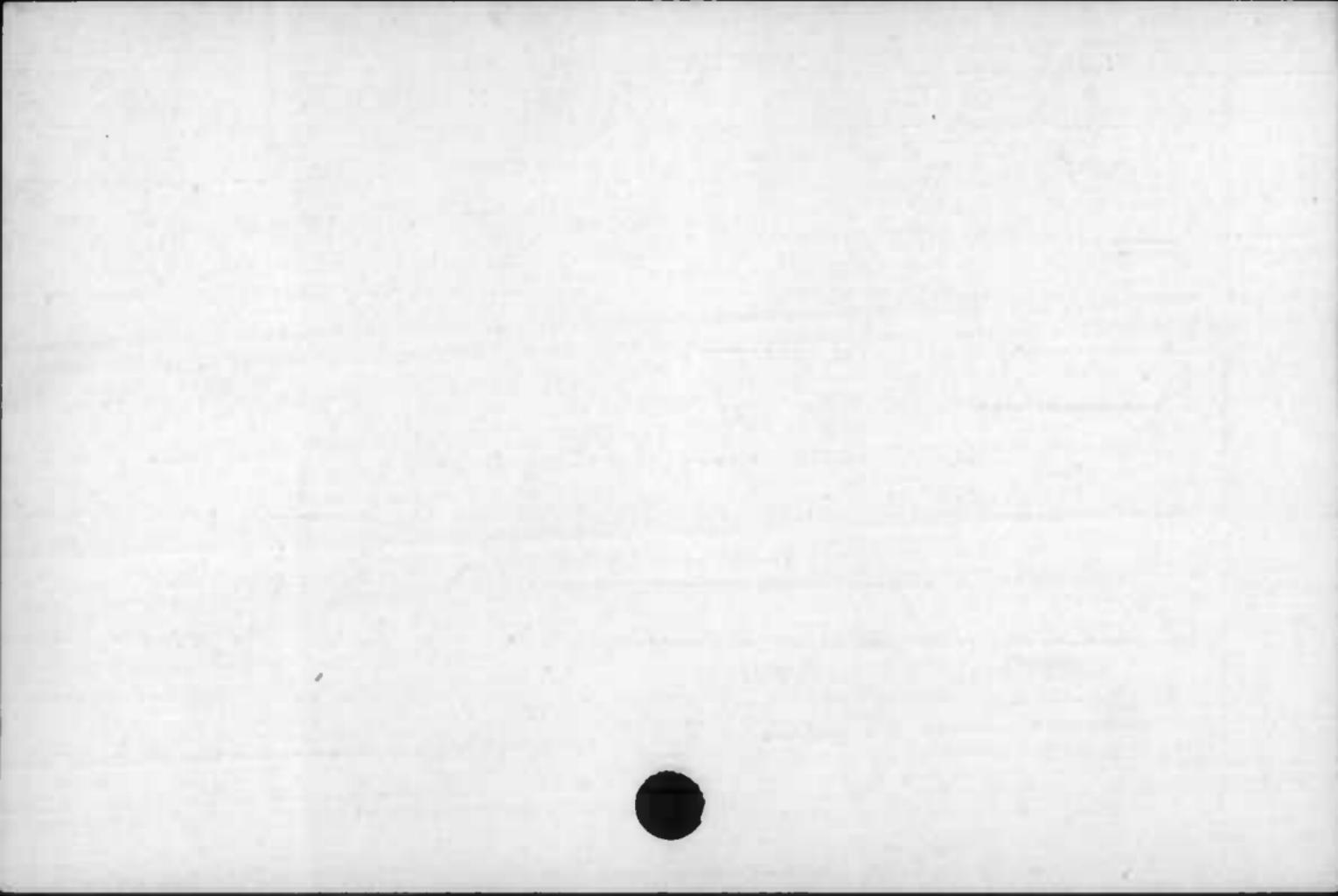
Address

Accident or Suicide?

How long

How long

Still Born S
William
Pawmukhe City



Name
in
Full

Amelia Murrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Wesley Murrell	Father's Birthplace			
Mother's Maiden Name	Sally Bedward	Mother's Birthplace			
Name of person giving Information	Louie Murrell	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma Liver

How long

18 mos

Immediate

Cirrhosis

How long

2 mos

Are the name, age, sex, color, date and place correctly given above?

Yes

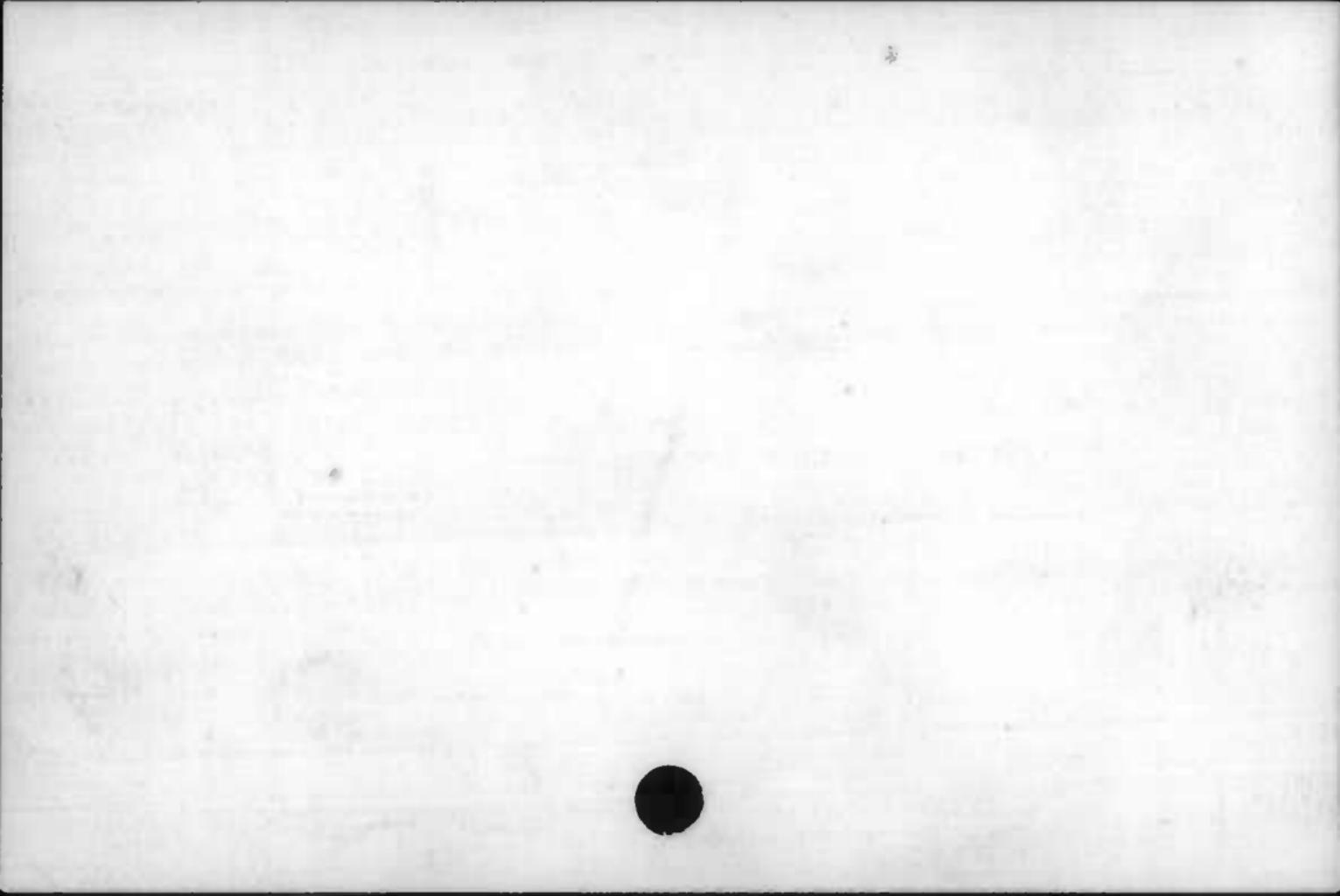
Signature of Physician

Address

R. H. Dray M.D.
Danville

Accident or Suicide?

No



Name
in
Full

Priscilla Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at Lawsonia	Somerset			
Date of death 1909 Oct	Day 13	Years 33	Months 0	Days 0
Sex Female	Color or Race White	Birthplace Lawsonia		
Occupation None	Where Residing if not at place of death			
Married, Single or Widowed Married	Name of Wife or Husband Frederick Nelson	Father's Name Wm. Sterling	Father's Birthplace Somerset Co	
Mother's Maiden Name Delana Sterling	Mother's Birthplace Somerset Co Md		How related to deceased Husband	
Name of person giving Information Fred Nelson				

PHYSICIAN
OR CORONER

Primary

Tuberculosis

CAUSES OF DEATH

Immediate

Sarcoidosis

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

Accident or Suicide

No

27

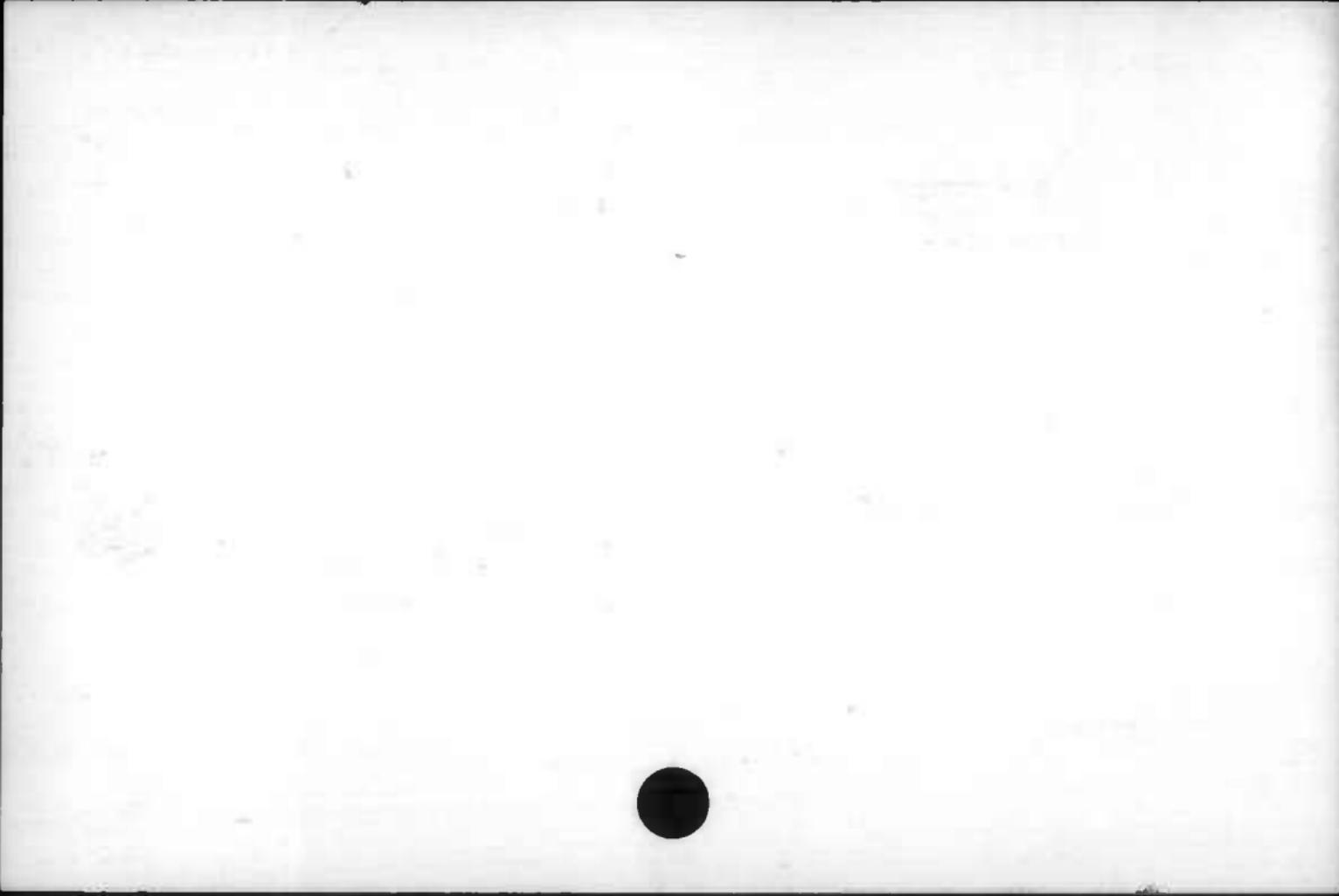
How long

How long

2 years

now

J. F. Somers,
Esquire,
Mid.



Name
in
Full

John P. Scarber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Cresfield	Somerset				
Date of death	Month	Day	Years	Months	Days
1909	Dec	6	Age 18	—	—
Sex	Color or Race	Birth-place			
Male	Black	Somerset Co			
Occupation	Where Residing if not et place of death	—			
Married, Single or Widowed	Name of Wife or Husband	—			
Single	—	—			
Father's Name	Father's Birthplace				
Edward Scarber	W.M. Scarber				
Mother's Maiden Name	Mother's Birthplace				
Sarah Brown	W.M. Scarber				
Name of person giving Information	How related to deceased				
C. Sterling	Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Phaeum nasal
Pneumonia

How long

2 hours

Immediate

Phaeum nasal
Pneumonia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

C. E. Clegg
Cresfield

Accident or Suicide

Howard Whittlesey

Mr. Whittlesey

Name
in
Full

Elijah T. Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Died at	Lawsonia	County	MARYLAND
Date of death	1909 Oct	Month Day	Years Age
Sex	Male	Color or Race	White
Occupation	Oysterman	Where Residing if not at place of death	Lawsonia
Married, Single or Widowed	Married	Name of Wife or Husband	Clara
Father's Name	John Sterling	Father's Birthplace	Somerset Co.
Mother's Maiden Name	Lorey Sterling	Mother's Birthplace	" "
Name of person giving Information	Edward Sterling	How related to deceased	Son.

CAUSES OF DEATH

120

How long

Primary

Chronic Bright's Disease.

on your

Immediate

Scar tissue

How long

6 mos.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

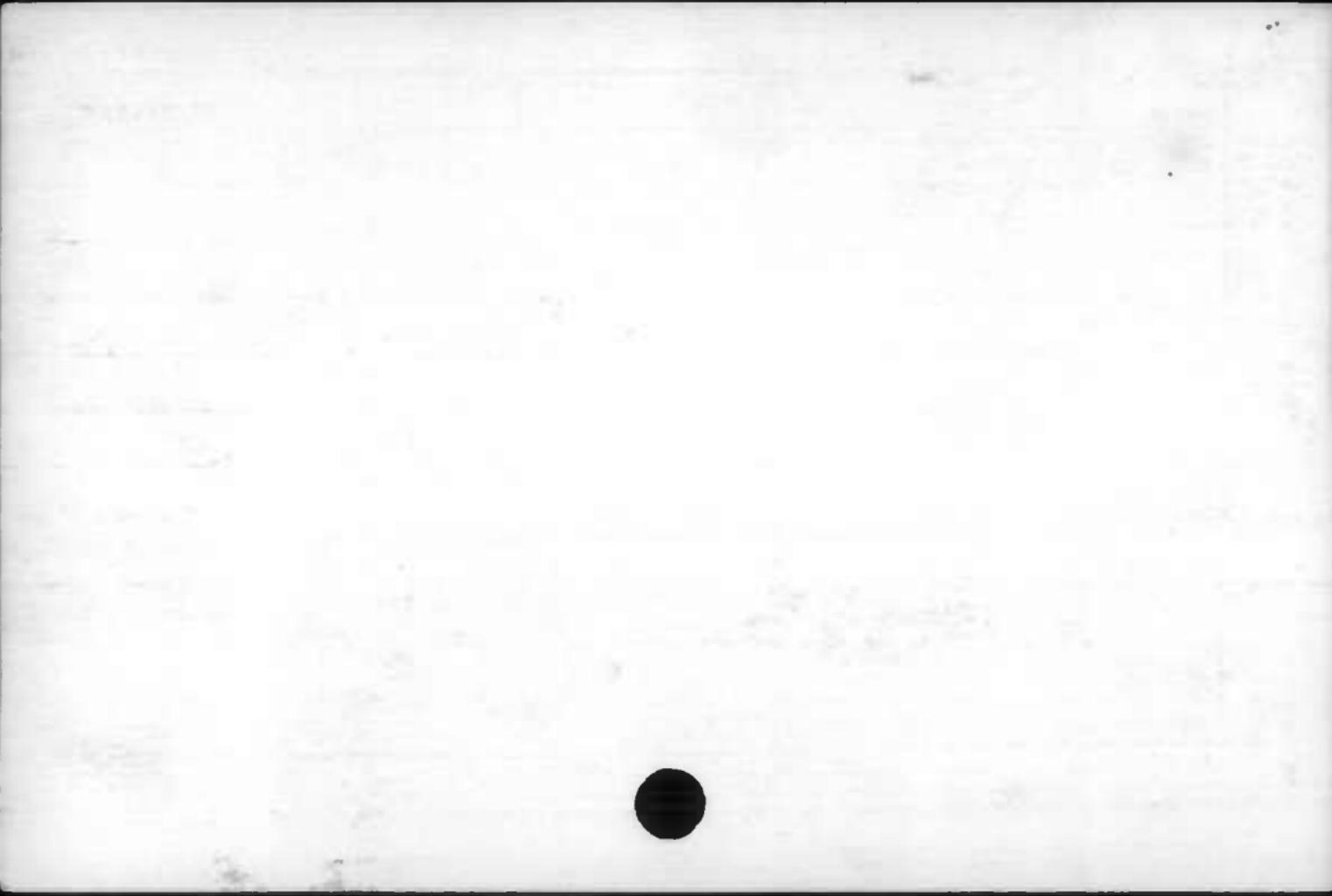
Address

W. H. Hall

Arnfield, N.Y.

Accident or Suicide

no



Name
in
Full

Rosa A. Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Criopfield Town Sasscerach County

Date of death 1909 Oct 24 Month Day 14 Years Month Days

Sax Female

Color or Race

Black

Birth-place

3rd

Occupation

Handwork

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

W. F. Sterling

Father's Birthplace

3rd

Mother's Maiden Name

Alice Hall

Mother's Birthplace

3rd

Name of person giving
Information

Alice Sterling

How related
to deceased

Mother

Primary

CAUSES OF DEATH

Typhoid Fever

Immediate

Parotitis

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. F. Hall
Crifield Md

PHYSICIAN
OR CORONER

Accident or Suicide

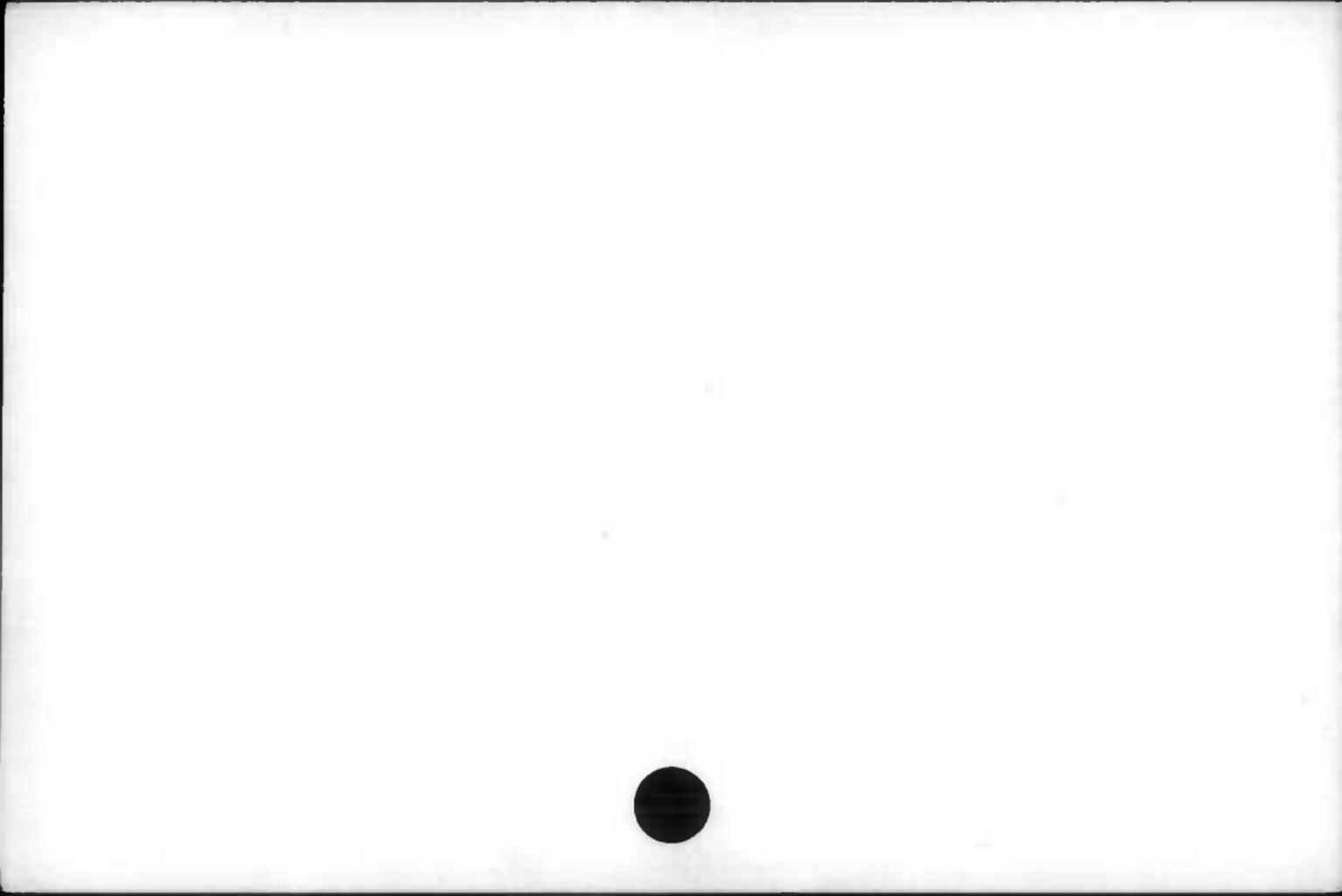
①

How long

15 days -

How long

2 days



Name
in
Full

Female Infant Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND			
Died at Asbury	Somerset				
Date of death 1909 oct	Month Oct	Day 25	Years —	Months —	Days 8
Sex Female	Color or Race colored	Birthplace Asbury			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Mr Sterling	Father's Birthplace Asbury				
Mother's Maiden Name Lizzie Sterling	Mother's Birthplace Asbury				
Name of person giving Information Daniel Brown	How related to deceased Cousin				

CAUSES OF DEATH

101

Primary

Throat Trouble

How long

2 days

Immediate

Throat Trouble

How long

2 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

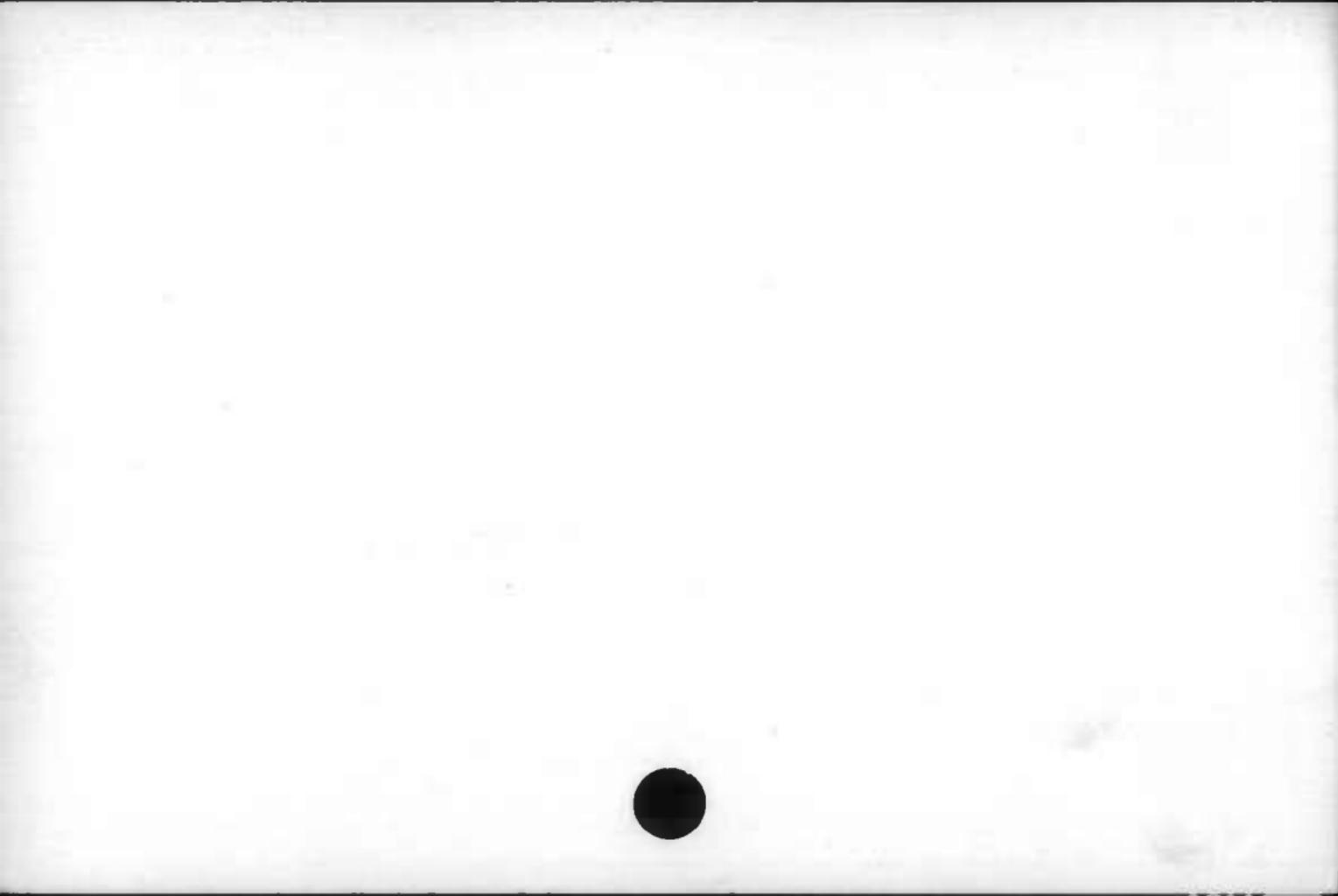
yes

Signature of Physician

Address

S. W. Murphy
Joe Register.

Accident or Suicide



Name
in
Full

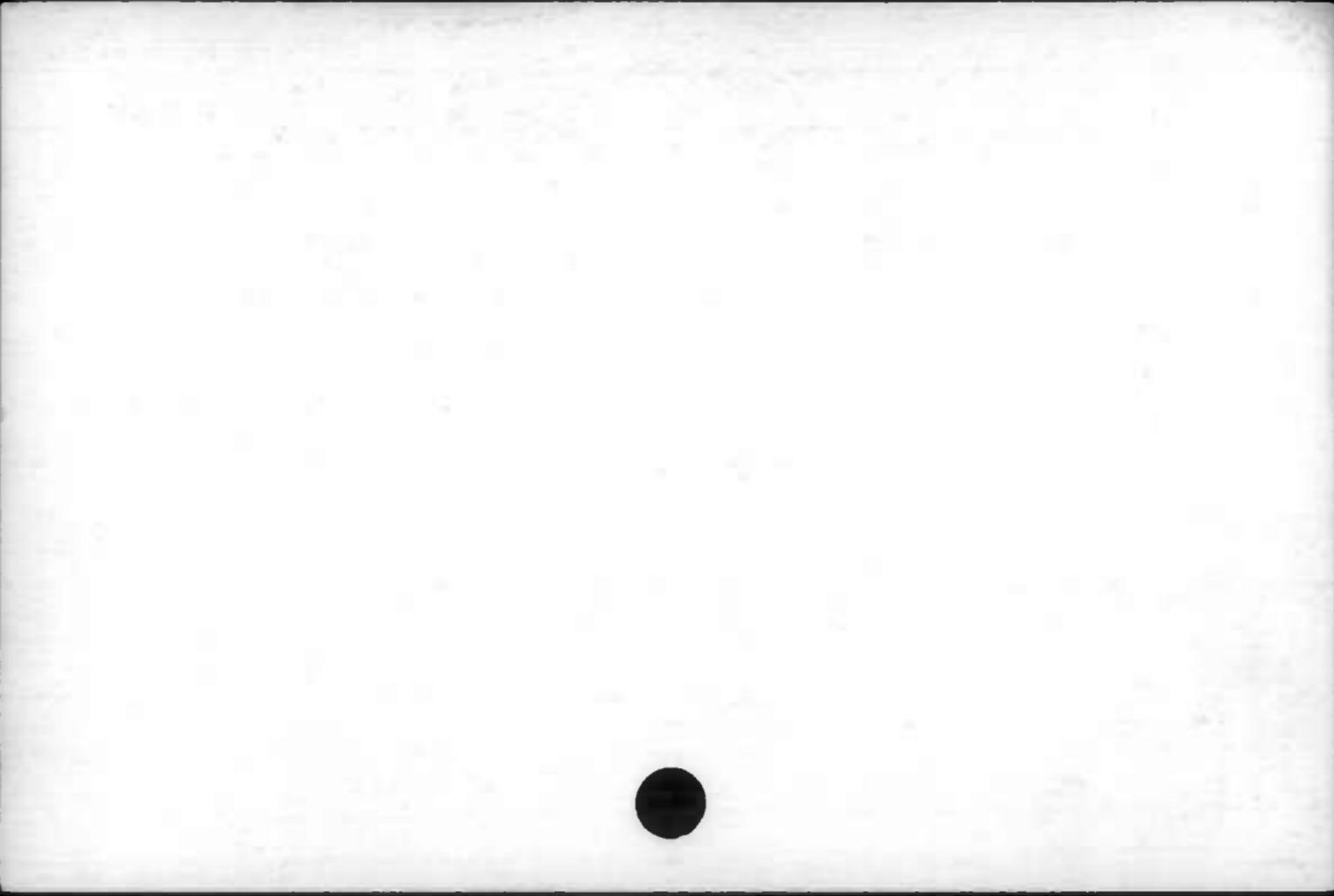
Wm. H. Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month Oct	Day 4	Years 79	Months	Days
Sex	Male	Color or Race	White	Birth-place	Lawsonia
Occupation	Painter				
Married, Single or Widowed	Single	Where Residing if not at place of death			
Father's Name	Isaac Sterling				
Mother's Maiden Name	Hettie Piggie				
Nema of person giving Information	F. James Sterling				
CAUSES OF DEATH					
Primary	79				
Immediate	3 years				
Are the name, age, sex, color, date and place correctly given above ?	Signature of Physician				
Address	W. F. Hall Crossfield Md				
Accident or Suicide					

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name		Town		County		MARYLAND	
Died at	Deals Island	Somerset					
Date of death	1909	Month Oct	Day 8	Age 73	Year	Month	Day
Sex	Male	Color or Race	White	Birth-place	Deals Island Md		
Occupation	Former	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Orlary Thomas		Father's Birthplace	Md	
Father's Name	Lester Thomas				Mother's Birthplace	Md	
Mother's Maiden Name	Mary Eastman				How related to deceased	Son	
Name of person giving Information	John B. Thomas						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Interstitial Nephritis 2 years

Immediate

Dyspnoea

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

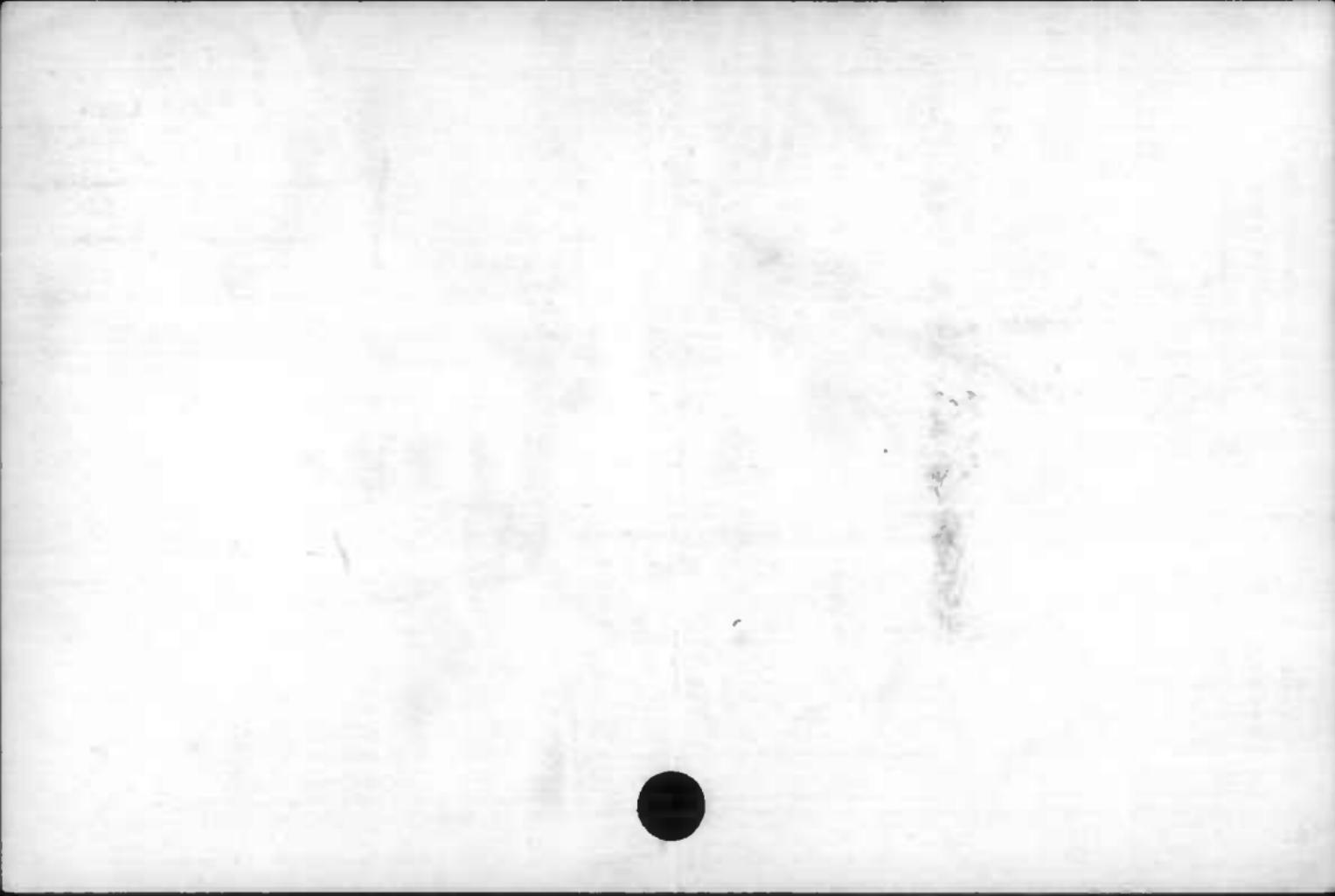
Signature of Physician

Address

H.G. Alexander
Somerset

Filled by Undertaker

Accident or Suicide



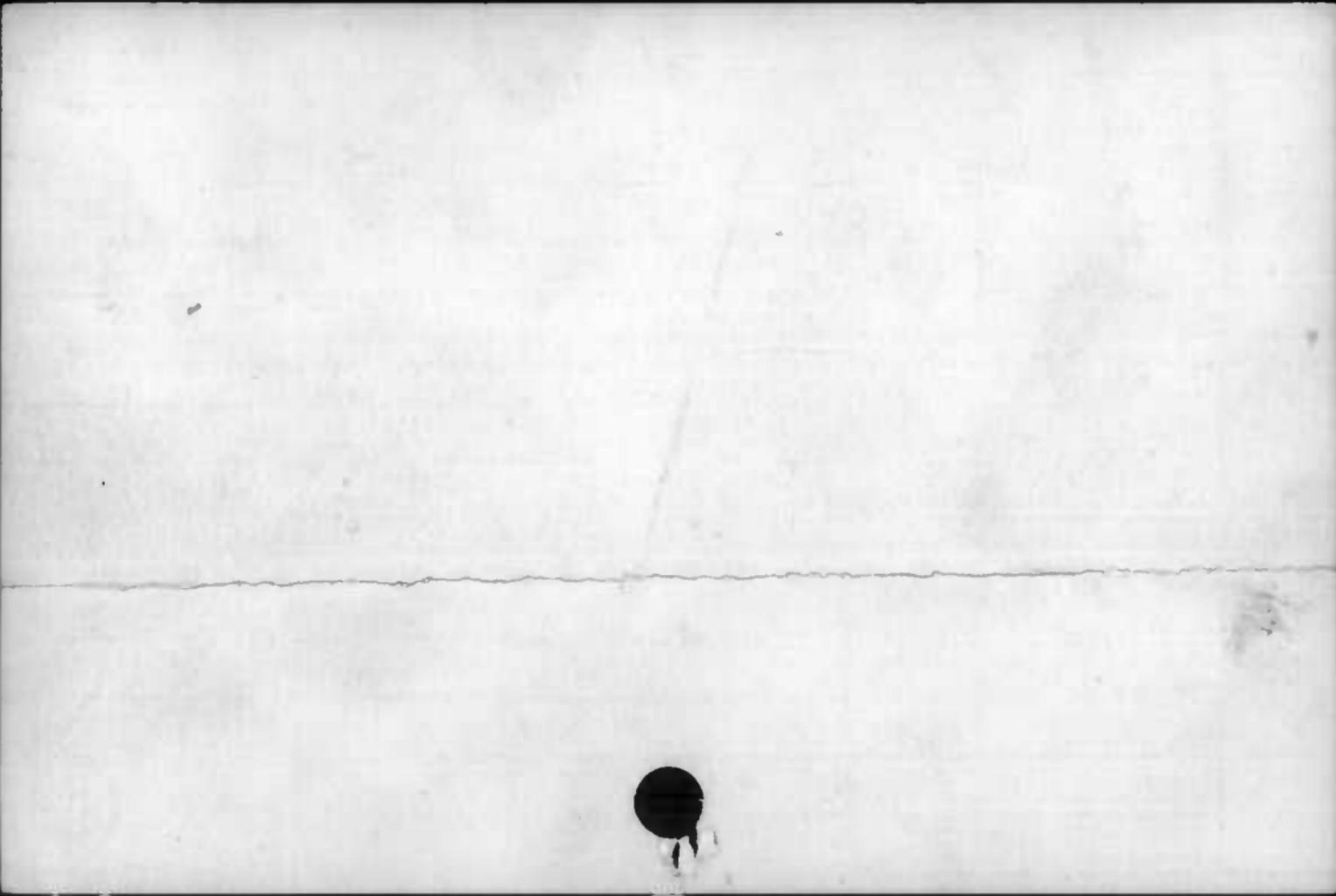
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name <i>Marcelline F Webster</i>				CERTIFICATE OF DEATH		
Died at	Town <i>Maryland</i>	County <i>Somerset</i>				MARYLAND
Date of death	Month <i>1909 Oct</i>	Day <i>5</i>	Age <i>59</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>				Birth- place <i>Somerset Co</i>	
Occupation <i>Custodian</i>	Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sader Brumington</i>				Father's Birthplace <i>Ovid</i>	
Father's Name <i>Hanks on Webster</i>						
Mother's Maiden Name <i>Sarah Jones</i>				Mother's Birthplace <i>md</i>		
Name of person giving Information <i>Marcelline Webster</i>				How related to deceased <i>Son</i>		
CAUSES OF DEATH						
Primary <i>Chronic Interstitial Nephritis</i>				How long <i>2 mos</i>		
Immediate <i>Uremia</i>				How long <i>10 hours</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Rh. Stuyt MD</i>			Address <i>Orville</i>		
Accident or Suicide? <i>No</i>				<i>md</i>		

120 ✓



Name
in
Full

Susan Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	72		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Anthony Waters Sr.			
Father's Name	George Jackson	Father's Birthplace	Maryland		
Mother's Maiden Name	Susan Jackson	Mother's Birthplace	Maryland		
Name of person giving Information	Anthony Waters Jr.	How related to deceased	Step-son		

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary

Carcinous of uterus

How long

10 years

Immediate

Asthenia

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Henry M Leubsdorf

Princess Anne
Md.

Accident or Suicide

No

